

**NORTHEASTERN UNIVERSITY
GRADUATE SCHOOL OF ARTS and SCIENCES**

DIRECTED STUDY and READINGS CONTRACT

STUDENT INFORMATION

Student Name: _____ NUID: 000 - _____

Department: _____ Degree Program _____

Phone: (____) _____ - _____ Email: _____@husky.neu.edu

COURSE INFORMATION *(to be completed by the instructor)*

Course#: _____ Course Title: _____

Semester Hours: _____ Term: Fall Spring Summer 201__

Instructor: _____

Reading lists, required assignments, deliverables, etc. (please attach materials as necessary):

Describe how the course will be evaluated, including grading method:

I understand the terms of the Directed Study or Readings Course including:

- Prior to registration, approval of the instructor, departmental Graduate Coordinator and the Graduate School is required.
- No petition will be considered for approval without the course information being completed above or via attachment to this form.
- Registration must take place before the end of the second week of the semester.

Student Signature _____ Date _____

Approvals Required	Print Name	Signature	Date
1. Instructor			
2. Departmental Graduate Coordinator			
3. Graduate School of Arts and Sciences			